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PATENT APPLICATION FEE DETERMINATION RECORD									Application of Doctor Humber 8			
Substitute for Form PTO-875												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		QR.	OTHER THAN SMALL ENTITY		
FOR HOMES				HAMBE	REXTRA		RATE	FEE		RATE	ree	
	FEE							3	OR		5	
YOTA	FR 1.18(LI)		minus 20 •	1.			x 6 *		OR	× 4 •		
	FR L.18(C) PENDENT CLASH						× 5		OR	x 5*		
(37 GFR 1.18(03) mirus 3 4				·1`					OR	+5		
MATIFUE DEPENDENT CLAIM-PRESENT (T7 CFR 1.15(d))							+3					
.40	e dillerance in a	pumn 1 is less than	n zero, ente	TOTAL		OR	TOTAL					
CLAIMS AS AMENDED - PART II												
							SMALL I	ENTITY	OR		R THAN ENTITY	
		(Cotume 1)		(Column 2)		1		ADDI-	1	RATE	ADDI-	
⋖	412/02	REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	TIONAL			TIONAL	
Ξ		AMENDMENT	Minus	PAID FOR		ł	25	PEE		x : 50 -		
AMENDMENT	COLOUR France	19		40_	_/_		x. 25.	<del> </del>	OR	., 200.		
E	professions (Mars Fro tq	· 5	Minus	<u>" 13 </u>		1	xs_100	<del> </del>	OR	× 3		
AM	PIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (27 CF	R 1.166R)	]	<u> </u>	<u> </u>	OR	<u> </u>		
							TOTAL ADO'L FEE		OR	TOTAL ADOL FEE		
	•		•		(Column 3)						•	
Ь,		(Column 1)		(Column 2)	PRESENT	1	RATE	A00I-	1	RATE	ADOI-	
8	22305	REMAINING AFTER		NUMBER PREVIOUSLY	EXTRA	١	POLIE	TIONAL			TIONAL	
EN		AMENDMENT	Minus	PAID FOR	1.7	ł	.25.		1	x, 50.		
喜	DO DER LURIO	19		- 40	<del>  . /</del>	┨		<del>                                     </del>	OR	x .200.		
ENDM	professions professions	. 2	Minus	<u>" 13</u>	1/	1	x , 100,		d os	٠	<del>                                     </del>	
¥	FRIST PRESENTATION OF MALTIPLE DEPOSITION CLAIM (37 OFR L16(d))					J	<u>+5</u>	<b> </b>	OR	TOTAL	<del>                                     </del>	
							ADDL FEE		) OR	ADD' FEE		
1		(Column 1)		(Column 2)	(Column 3)	_			_			
H::	111	CLAMS		HIGHEST	PRESENT	1	RATE	ADDI		RATE	ADDI- TIONAL	
10	13/20/05	REMAINING AFTER		PREVIOUSLY PAID FOR	EXTRA			TIONAL			FEE	
EN J	Total	AMENDMENT	Minus	<del>" 40</del>	1. 7	1	.35.	T 7	] or	x = 50.	1/	
ENOM		<del> ''<u> </u>-</del>	Minus	13	<del>                                     </del>	1	1./00	17	OR	× 20U		
		12_		<u></u>	<del></del>	1		1/	d ox		1	
L₹	REST PRESENTATION OF MATTPLE DEPENDENT CLAIM (\$7 CFR L1844)					J	TOTAL	+/-	┨ ``	TOTAL ADOL FEE	1/	
	-		•		مسطيم جا ججو سند		ADOLFEE	<u>/</u>	e ا	ADD L PEE	4	
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  "If the "Righest Number Previously Paid For' IN THIS SPACE is less than 20, errier "20".  "If the "Righest Number Previously Paid For' IN THIS SPACE is less than 3, errier "2".												

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"He beginst Number Provincisty Peld For IT dual or Independent) is the highest number found in the appropriate box in column 1.

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